



# ATTORNEY RECEIVABLES APPLICATION

## CONTACT INFORMATION

Name:	Employer:
Home Address:	Work Address:
City:	City:
State:                      Zip:	State:                      Zip:
Home Phone:	Work Phone:
Home Fax:	Work Fax:
Mobile Phone:	Email:

## ATTORNEY HISTORY (For Solo Practitioners Only)

Date Of Birth:	Social Security No.:
Marital Status:    S   M   D   W	Name of Spouse:
Children:                      Yes   No	Age of Children:
Alimony:                      Yes   No	Monthly Alimony:        \$
Child Support:              Yes   No	Monthly Child Support: \$
Current Bankruptcy:        Yes   No	When Filed:
Previous Bankruptcy:       Yes   No	When Filed:
Criminal Record:            Yes   No	Explain:

## FIRM HISTORY

Legal Name:	Tax Identification No.:
Date of Incorporation:	State of Incorporation:
Doing Business As:	Business Structure:
No. of Yrs in Business:	No. of Offices:
No. of Partners:	No. of Associates:
No. of Paralegals:	No. of Support Staff:
Current Bankruptcy:	When Filed:
Previous Bankruptcy:        Yes   No	When Filed:

## FINANCIAL INFORMATION (please provide supporting documentation.)

Current YTD Gross Revenue:	Current YTD Net Profit:
Previous Year's Gross Revenue:	Previous Year's Net Profit:
Avg. Monthly Expenses:	Avg. Monthly Revenue:

### CONFIDENTIALITY NOTICE

All information provided herein is for underwriting purposes only. All information shall be held in strictest confidence and shall not be disclosed to any third party unless so instructed by client, counsel or court order.



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## CASE INFORMATION

Current No. of Open Files:	No. of New Files/Year:
Contingency Fee Clients: ____%	Hourly Fee Clients: ____%
YTD No. of Settlements:	Prior Year No. of Settlements:
YTD No. of Trials:	Prior Year No. of Trials:
YTD No. of Trial Wins:	Prior Year No. of Wins:

## LIENS, ASSIGNMENTS, AND OTHER ENCUMBRANCES

Prior Assignments:	Yes No	Amount:	\$
Secured Debts:	Yes No	Amount:	\$
Un-Secured Debts:	Yes No	Amount:	\$
Tax Liens:	Yes No	Amount:	\$
Other (Please Specify)		Amount:	\$

## FUNDING INFORMATION

Amount Requested:	
TO BE USED FOR:	
Firm Debts:	Yes No Amount:
Case Costs:	Yes No Amount:
Expert Witness Fees:	Yes No Amount:
Other:	Yes No Amount:

## COMMENTS (please provide any additional, material information)


PREPARED BY:

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature

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## EXHIBIT A CASE INFORMATION

Please Provide the requested information for each case you would like us to consider as collateral for an advance.

Please Use additional copies of this form as needed.

Case Name:	Type of Case:
Date of Injury/Breach:	Date of Case Filing:
Est. Settlement Value:	Est. Verdict Value:
Fee Agreement: Contingency/Hourly	Percentage/Rate:
General Case Description:	

Case Name:	Type of Case:
Date of Injury/Breach:	Date of Case Filing:
Est. Settlement Value:	Est. Verdict Value:
Fee Agreement: Contingency/Hourly	Percentage/Rate:
General Case Description:	

Case Name:	Type of Case:
Date of Injury/Breach:	Date of Case Filing:
Est. Settlement Value:	Est. Verdict Value:
Fee Agreement: Contingency/Hourly	Percentage/Rate:
General Case Description:	

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## CREDIT INFORMATION RELEASE

To Whom It May Concern:

As part of our underwriting process, we may obtain a consumer credit report and/or other financial and credit information.

As LawFunds® is not lender, this information is not obtained to approve credit, but to learn of any claims or liens that have been asserted against the recovery from your lawsuit.

Upon written request, LawFunds® will tell you whether or not we have obtained a credit report, and, if so, the name and address of the consumer reporting agency that provided it.

LawFunds, LLC has been contacted by me/us with regard to a financial transaction. You are hereby authorized to release any information about me/us required by LawFunds, LLC to complete its due diligence investigation with regard to the transaction. Such information may include, but is not limited to, financial and credit information, consumer credit reports, and any information concerning liens and judgments against me/us.

A copy of this authorization bearing the signature of the undersigned may be deemed to be the equivalent of the original.

Thank you.

### FOR INDIVIDUALS

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date of Birth

Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code \_\_\_\_\_

### FOR ENTITIES

\_\_\_\_\_  
Entity Name

\_\_\_\_\_  
Entity Type

\_\_\_\_\_  
By (Print Name)

\_\_\_\_\_  
Tax Identification Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



## RECORDS & INFORMATION RELEASE

Dear Attorney \_\_\_\_\_:

As part of our underwriting process, we must obtain certain information regarding your claim or lawsuit from your attorney.

Please sign this Release where indicating, authorizing your attorney to share information your claim or lawsuit with us.

I/We, the undersigned, hereby request and authorize your firm to cooperate and release to LawFunds, LLC, any and all information and documents pertaining to my/our current claim or lawsuit, including information that may otherwise be deemed privileged pursuant to the attorney-client and/or work product privileges. I additionally request and instruct you to share your candid opinion(s) regarding my/our claim or lawsuit with LawFunds, LLC, its representatives and agents.

I/We acknowledge and represent that I/we understand that such disclosure to LawFunds, LLC may result in a waiver of the attorney-client and/or work-product privileges, subjecting any disclosed information or documents to the possibility of compelled product by my/our adversaries in the claim or lawsuit. I/We accept this risk of disclosure.

A copy of this release bearing the signature of the undersigned may be deemed to be the equivalent of the original.

Thank you.

### FOR INDIVIDUALS

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

### FOR ENTITIES

\_\_\_\_\_  
Entity Name

\_\_\_\_\_  
Tax Identification Number

\_\_\_\_\_  
By (Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature